

Name in Full

Certificate of Death

Mary Badders

Town

County

Died at near Norrisville

Hartford

MARYLAND

Date 1902 3 19 Age 85 - - Native of Hartford 6- Occupation House Wife

Male White Married Widow ~~Deceased~~

Female ~~Color~~ Single Widower Number of children living 3

Husband of John Badders

Wife of

Father's Name Loda Strawberry

Mother's Name Martha Strawberry

Cause of Death Primary Immediate old age 154

How long sick Sudden

Accident, Suicide, Homicide

Reported by O R Webb Undertaker

Address Foxon Grove Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Casandras Berry

Town

County

Died at

Bradenbaugh

Harford

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

3 21

Age

71 0 0

Ma

House woman

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

or

Wife

Father's

Name

Unknown 142

Mother's

Maiden Name

Mary Berry

Cause of

Primary

Heart failure

How long sick

2 months

Death

Immediate

Gangrene

Accident, Suicide, Homicide

Reported by

J. J. Payne M.D.

Address

Corbett Ma.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0/10/13/25

Name in Full

Certificate of Death

Bessie Blain

Died at Sharon Town Harford County MARYLAND

Date 1902 Month 3 Day 24 Age 3 Y. M. D. Native of Michigan Occupation —

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of —
 Wife

Father's Name John B. Blain Mother's Name Mary Ann Osmond
 Maiden Name

Cause of Death { Primary Scarlet Fever How long sick 9 weeks
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr. F. P. SmithsonAddress Forest Hill and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

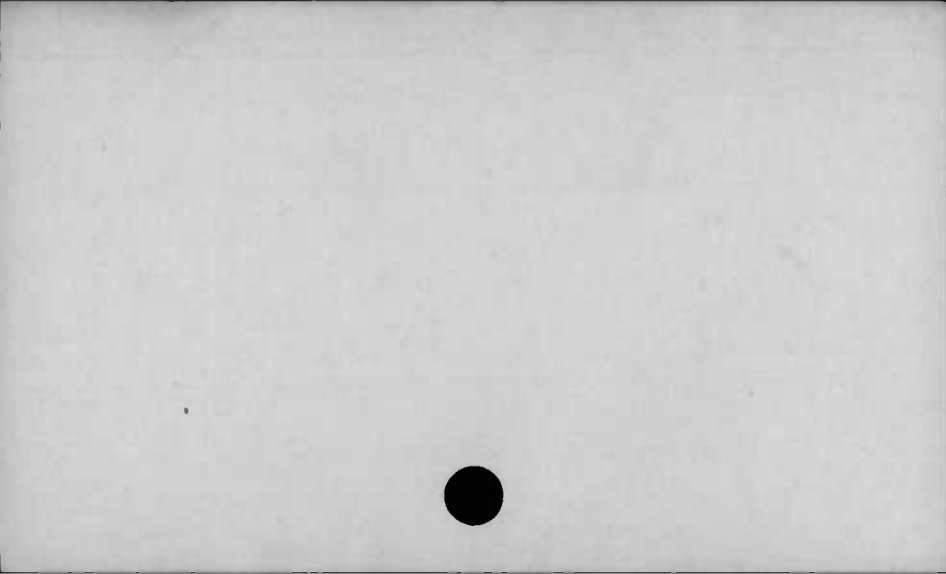
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

McNairy N. Buchanan

Died at

Town

Halevau

County

Hartford

MARYLAND

Date

Month

Day

Year

✕

M.

D.

Native of

Occupation

1902

Mar. 17

Age

6.3

Maryland

Male

~~Female~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mr. Buchanan

Mother's

Name

Lottie Buchanan

Cause of

Primary

Death

Immediate

Tubercular

How long sick

since birth

Accident, Suicide, Homicide

Reported by

E. J. Buchanan, M.D.

Address

Bella, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY B-1007, 1902



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Harrods Creek

Harford

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

3 5

73

Md

Labor

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

7

Husband of

~~Wife~~

Elizabeth J. Carroll

Father's Name

Walter Butler

Mother's

Maiden Name

Cause of

Primary

Heart trouble 79

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

R. H. Smith, M. D.

Address

Harrods Creek Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full *Mary A. M. Cameron*

Town *Keane de Haue* County *Westford Co* MARYLAND

Died at *Keane de Haue*

Date 19*02* Month *3* Day *31* Age *48.5* Native of *Penna* Occupation *Housewife*

☒ Male ☐ White ☐ Married ☒ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living *none*

Husband of *Matthew J. Cameron*

Wife *Matthew J. Cameron*

Father's Name *Michael Brown* Mother's Maiden Name *Catherine ~~Walters~~ Platt*

Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *About 2 yrs*
Immediate *Heart Complication* Accident, Suicide, Homicide

Reported by *Dr. R. M. Smith*

Address *Keane de Haue Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mollie E. Carroll

Town

County

MARYLAND

Died at Blair

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar

1

Age

54

-

-

Housewife

~~Males~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

~~Husband~~

of

Coleman Carroll

Wife

Father's

Name

Frederick Markham

Mother's

Name

Catherine Markham

Cause of

Primary

Cancer of Stomach

How long sick

3 months

Death

Immediate

Exhaustion

40

~~Accident, Suicide, Homicide~~

Reported by

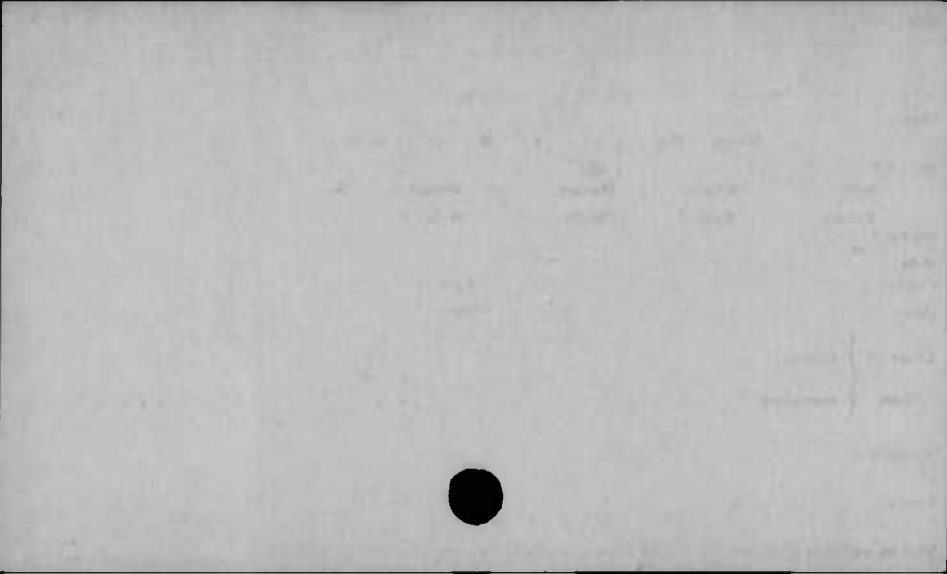
A. F. Van Bibber, M.D.

Address

Blair, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Dennis Corcoran

Town

County

Died at near Taylor

Harford Co

MARYLAND

Date 1902 March 17

Month

Day

Y.

M.

D.

Native of

Occupation

Age 83

- -

County Cork
Ireland

Farmer

Male

White

Married

Widow

- Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband
of

Wife Mary A Turnbaugh

Father's

Mother's

Name Daniel Corcoran Maiden Name

Isabela Hannan

Cause of

Primary

Old age

How long sick

2 days

Death

Immediate

Heart trouble

154

Accident, Suicide, Homicide

Reported by

E H Kurtz

Undertaker

Address

Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise

ner, undertaker or minister.



Name in Full

Certificate of Death

William V. Day

Town

County

Died at

MARYLAND

Date 1902 Month March Day 24 Y. 68 M. 4 D. 18 Native of Maryland Occupation Farmer
 Male White Married Widow Divorced Female Colored Single Widower Number of children living 4

Husband of Mary E. Chalk

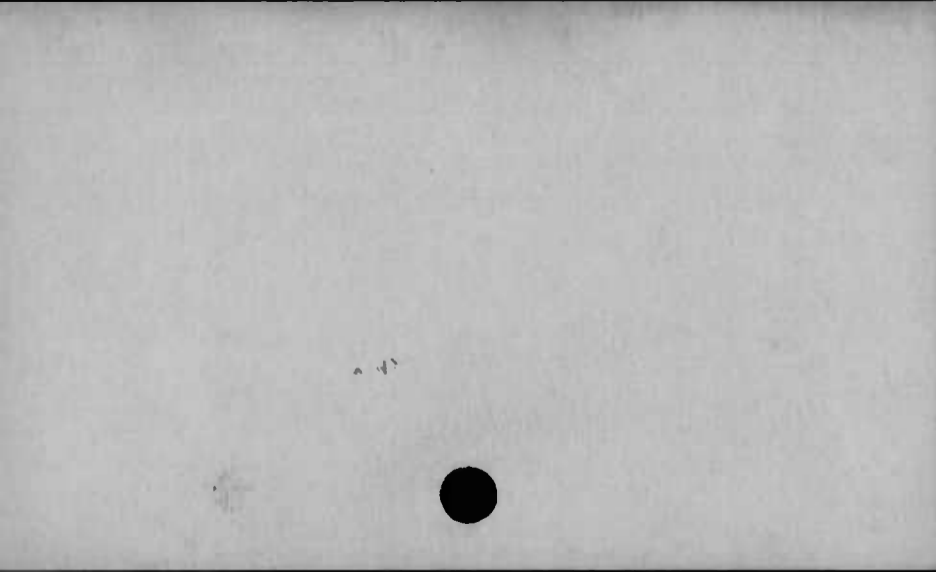
Father's Name Thos. Day Mother's Name

Cause of Death { Primary Pneumonia Immediate Paralysis 93
 How long sick 9 days
 Accident, Suicide, Homicide

Reported by Dr J. B. Hayward

Address Dyersville Garford Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at Julia Dutton Town Seaside County Hartford MARYLAND
 Date 19 02 Month March Day 16 Age 17 Y. M. D. Native of Maryland Occupation housewife
 Male White Married Widow Divorced Number of children living
 Female Colored Single Widower

Husband
of
Wife

Father's Name John Dutton Mother's Maiden Name Mrs. Mary C. Dutton

Cause of Death { Primary Consumption Immediate per
 How long sick 4 months
 Accident, Suicide, Homicide

Reported by Dr. F. H. Arthur

Address Seaside Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Esther Galloway

Town

County

MARYLAND

Died at Harre de Bruce

Harford

Date 19	02	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		3	10	1				Ind	
		Male	White	Married			Widow	Divorced	
		Female	Colored	Single			Widower	Number of children living	

 Husband of _____
 Wife

Father's Name Wm Galloway

Mother's Maiden Name Annie Mitchell

Cause of Death	Primary	Pneumonia	93	How long sick	1 week
	Immediate			Accident, Suicide, Homicide	

Reported by J L Hopkins MD,

Address Harre de Bruce Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James W Hanna

Town

County

Died at

Fountain Green 7 Sanford

MARYLAND

Date 189

02

Mar 24

Age

73

Native of

7 Sanford

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband

of

Annie M.

Wife

Father's

Name

Robert Hanna

Mother's

Name

Mary Hanna

Cause of

Primary

Degeneration of heart muscle

How long sick

About 6 mo.

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

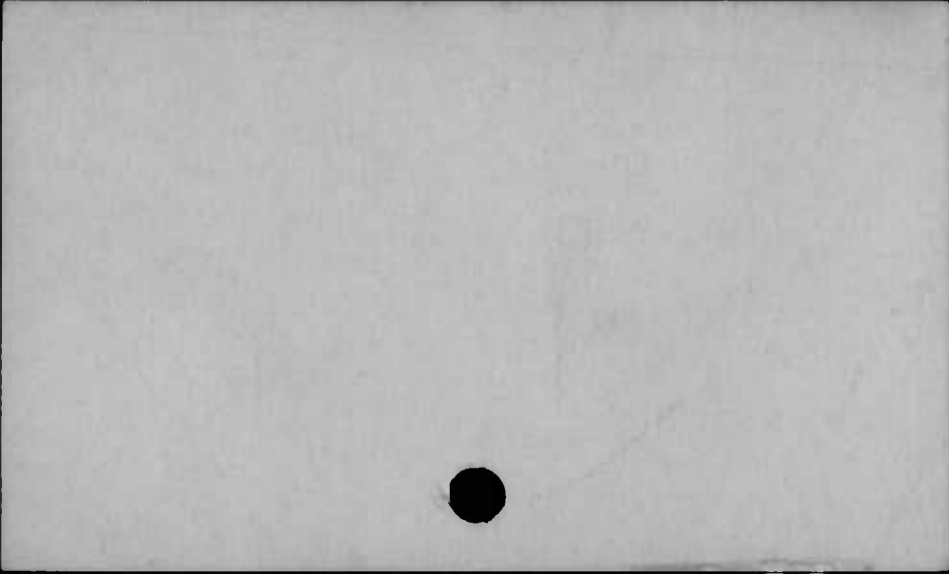
Robert S. Page M.D.

Address

Belair.

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John T. Hill

Town

County

MARYLAND

Died at

near Darlington Harbor

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

3

22

Age

16

5

6

Harford

Student

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Edwara Hill

Mother's

Name

Millie Hill

Cause of

Primary

Tuberculosis Interc

How long sick

one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mrs. Darlington

Address

Darlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Name in Full

Sarah Hughes

Town

County

Died at

Berkley

Harford

MARYLAND

Date

1902

Month

Day

May

8

Y.

M.

D.

Native of

Occupation

Age

62

-

9

Md

Nip

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 4

Husband

of

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Irene Johnson

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1802	3	18			4	Harford	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband
of
WifeFather's
Name Arthur JohnsonMother's
Name Susie Johnson

Cause of	Primary	How long sick
Death	Immediate	Accident, Suicide, Homicide

Reported by Arthur Johnson

Address Perryman St. Maryland Sub. Reg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Name in Full

Certificate of Death

John Mulligan

Town

County

Died at The Rocks Maryland

MARYLAND

Date 1902 March 4th Age 57. 2 5

Male

White

Married

Widow

Divorced

Occupation

Farmer

Female

Colored

Single

Widower

Number of children living none

Husband of Martha M. Comas

Father's Name John Mulligan Mother's Name Dratha Blick

Cause of Death { Primary Consumption How long sick 2 years
Immediate Exhaustion 2 Accident, Suicide, Homicide

Reported by M L Jarrett MD

Address Jarrettville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John A Osborn

Died at *Andover* Town *Harford* County MARYLAND

Date 1902	Month 3	Day 20	Age 16	Y. M. D.	Native of <i>me</i>	Occupation <i>Clerk</i>
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		1

Husband of *Bessie Osborn*

Father's Name <i>Amos Osborn</i>	Mother's Maiden Name <i>Phoebe Selver</i>
----------------------------------	---

Cause of Death	Primary <i>Bright Disease</i>	How long sick <i>2 mo</i>
	Immediate	Accident, Suicide, Homicide

Reported by *W. A. Osborn*

Address *Andover*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John A. Astor

Town

County

Died at

Aberdeen

Harford

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1897

March 24

Age

54.0 11

Harford

Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband

of

Wife

Lillian Astor

Father's

Name

Amos Astor

Mother's

Name

Phoebe Limer

Cause of

Primary

Bright's

Death

Immediate

Heart

How long sick

20 days

Accident, Suicide, Homicide

Reported by

H. B. Rowe M.D.

Address

Aberdeen

Harford Co Md
Thurman Subling

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Libbie E. Barber Osmond

Town County
 Died at Heane de Grace Harford Co MARYLAND

Month Day Y. M. D. Native of Occupation
 Date 19 02 3 16 Age 46 Med Hounddog
~~Male~~ White Married Widow Divorced
Female Colored Single Widow Number of children living 8

Husband of Jacob Osmond
 Wife
 Father's Name Geo Chamberlain Mother's Name Mary A Barber
 Maiden Name

Cause of Death { Primary Pulmonary Tuberculosis How long sick 5 or 6 yrs
 { Immediate Hemorrhage from lungs Accident, Suicide, Homicide

Reported by Dr. R. N. Smith
 Address Heane de Grace Med.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name in Full

Certificate of Death

John J. Pierce

Town

County

Died at

Creswell

Harford

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	3	25	84	—	—	Ind.	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	3	

Husband of Rachael E. Pierce

Wife

Father's Name Wm. H. Pierce

Mother's Name Anna Pierce

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	General Debility Old Age	Exhaustion	2 years	
			54	

Reported by Dr. J. A. Callahan

Address Creswell Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Name In Full

Certificate of Death

F. J. Rauscher

Town

County

Died at

Haverdine, Ind.

MARYLAND

Date 1902	Month Mar	Day 8	Y. 64	M. -	D. -	Native of Germany	Occupation Baker
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living 3	

Husband of F. J. Rauscher

Wife

Father's Name F. J. Rauscher

Mother's Maiden Name

Cause of Death	Primary	Bright's Disease	How long sick 5 months
	Immediate		Accident, Suicide, Homicide

Reported by A. Crocker 120

Address Haverdine, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace

Town

Smithson

County

Died at

Rumsey Smithson's Harford Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1912

Mar 13

Age

13

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

In passed

Mother's

Name

Presilla Smithson

Cause of

Primary

Cold

How long sick

10 days

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Geo. H. Thorsen

M.D.

Address

Farm Grove,

Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Wm. Ira. Smudgrub,
 Town *Mill Grum* County *Harford* MARYLAND
 Died at *12 March 2* Y. *23* M. *Harford* D. *Farmer*
 Date 19 *12 March 2* Age *23* Native of *Harford* Occupation *Farmer*
 Male *White* Married *Widow* *Divorced*
 Female *Colored* Single *Widow* *Married*

~~husband~~
 of

~~Wife~~

Father's Name *W. E. Smudgrub,* Mother's Maiden Name *Beatie McLean*
 108

Cause of Death { Primary *Indisposition & debility for days.*
 Immediate *Same* How long sick
 Accident, Suicide, Homicide

Reported by *D. W. E. Arthur.*

Address *Stine-Me*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mr. Dennis Sullivan

Town

County

Died at

Harpur Furnace

Harpur

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3. 9

Age 56

Ireland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Selorah Sullivan

Wife

Father's

Name

Michael Sullivan

Mother's

Maiden Name

Ellen Sullivan

Cause of

Primary

Tuberculosis

How long sick

7 wks.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

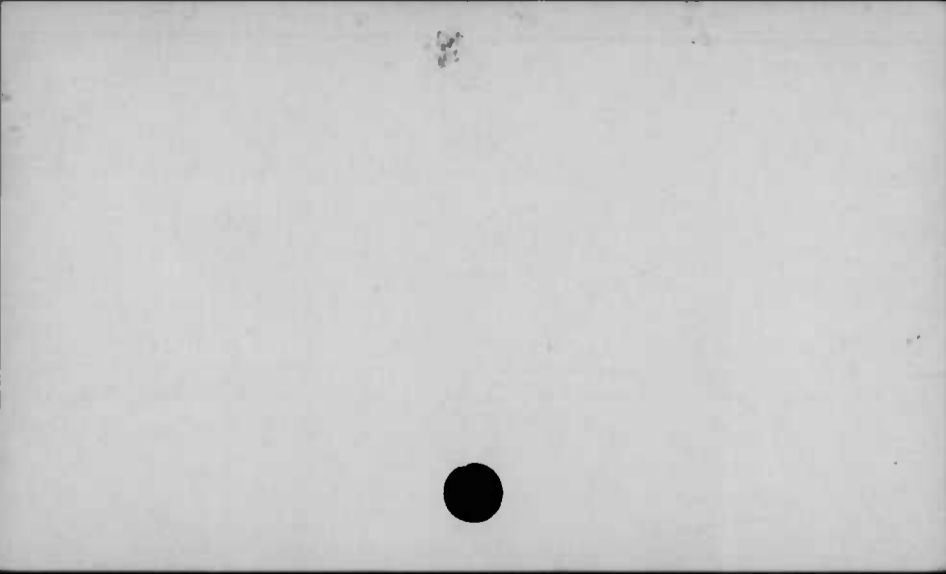
Reported by

Dr. J. A. Callahan

Address

Florence Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Minnie Sullivan

Town

County

Died at Abingdon

MARYLAND

Date 19 02	Month May	Day 1st	Age 26	Y. -	M. -	D. -	Native of Md	Occupation Domestic
Male	White	Married	Widow	Divorced	Number of children living			
Female	Colored	Single	Widower					

Husband of

Wife

Father's Name

Timothy Sullivan

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion

How long sick

6 months

Accident, Suicide, Homicide

Reported by

Dr J. A. Callahan

Address

Greenville Md

Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Trego

Town

County

Died at

Fulford

Fairford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March 20

Age 29

Fairford. Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Suicide - gunshot (pistol)

How long sick

Death

Immediate

Fracture of base of skull

~~Accident, Suicide, Homicide~~

Reported by

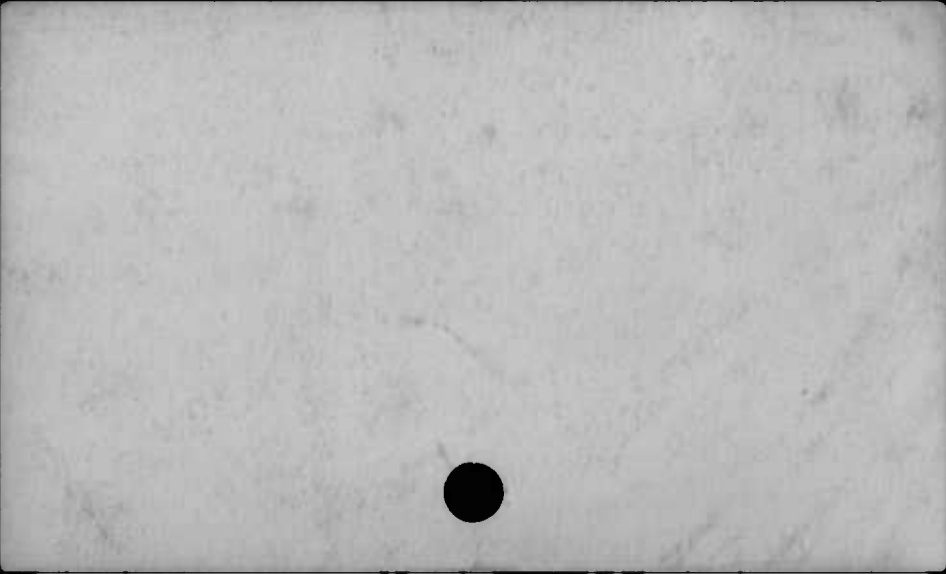
Robert S. Palge M.D.

Address

Belair.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Died at *Eliza J. Mann*
 Town *Hickory* County *Hanford* MARYLAND

Date 19*02* Month *3* Day *25* Age *72* Native of *Ger. Hunsdorf* Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *2*

Husband of *John S. Mann*
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Primary *Cerebral Paralysis* How long sick *2 yrs*
 Death Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Dr. F. P. Smith*
 Address *Forsyth Hill Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Blanche Webster

Died at ^{Town} *Berkley* ^{County} *Harford* MARYLAND

Date *1902* ^{Month} *March* ^{Day} *18* ^{Y.} *8* ^{M.} *-* ^{D.} *-* ^{Native of} *Md* ^{Occupation}

~~Male~~ ~~White~~ ~~Marr'd~~ ~~Widow~~ ~~Divorced~~

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband

Wife

Father's

Name

Elisha Webster

Mother's

Name

Sarah Jane Webster

Cause of

Primary *Did not see her*

Death

Immediate

*worms?**179*

How long sick

one day

Accident, Suicide, Homicide

Reported by

Ephra Hopkins M D
Darlington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mrs Alice White

Died at ^{Town} Flintville ^{County} Hayford MARYLAND

Date 1902 ^{Month} Mar ^{Day} 2 ^{Age} 82 ^{Y.} ^{M.} ^{D.} ^{Native of} Hayford ^{Occupation} House Keeping

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} 4

Husband of Chas White deceased

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary ^{How long sick} 1 1/2 yr

Immediate

Accident, Suicide, Homicide

Reported by R. Warren Ramsay

Address Decia York - County Penna.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward N. Woodhouse

Town

County

Died at Bel Air

Harford

MARYLAND

Date 1902 Mar. 25

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Harford, Md. None

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

105a

Cause of

Primary

Chronic diarrhoea

How long sick

4 weeks.

Death

Immediate

malnutrition & exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. F. Van Bibber, M.D.

Address

Bel Air

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

